2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003341

FILED Jan 06, 2010 Secretary of State

Entity Name: BAKER COUNTY MEDICAL SERVICES, INC.

Current Principal Place of Business: New Principal Place of Business:

159 N THIRD ST

MACCLENNY, FL 32063

Current Mailing Address: New Mailing Address:

P. O. BOX 484

MACCLENNY, FL 32063 US

FEI Number: 59-3202547 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUCHANAN, JOHN D % HENRY, BUCHANAN, MICK, HUDSON, ETAL 2508 BARRINGTON CIRCLE TALLAHASSEE, FL 32308 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: [

 Name:
 BLAKLEY, TONNIE

 Address:
 230 N BLVD E

 City-St-Zip:
 MACCLENNY, FL 32063

Title: D

Name: DOPSON, GARY
Address: 32 S FIFTH ST

City-St-Zip: MACCLENNY, FL 32063

Title:

Name: KENNEDY, STEVE Address: RT 1 BOX 519

City-St-Zip: MACCLENNY, FL 32063

Title:

 Name:
 WILSON, CHARLES

 Address:
 752 GRIFFIN CIR

 City-St-Zip:
 MACCLENNY, FL 32063

Title:

 Name:
 HEDGE, GEORGE

 Address:
 377 HICKORY AVE

 City-St-Zip:
 MACCLENNY, FL 32063

Title: C

 Name:
 MARKOS, DENNIS R

 Address:
 159 NORTH THIRD STREET

 City-St-Zip:
 MACCLENY, FL 32063

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DENNIS R MARKOS O 01/06/2010